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ABSTRACT

This paper examines and analyzes a Human Services reform initiative in West Virginia and shows how various components responded to the reform particularly in identity construction. The analysis used an immunological metaphor within a Foucauldian understanding of power and knowledge. The study gathered data through participant and observer interaction with the ongoing reform effort including interviews, document analysis, attendance at meetings, and work compiling an assessment of the local region. The study analysis looked at the strategies by which the reform was working to be accepted as "Self" by the system and then how the acceptance of the reform acted to identify and give identity to the clients as both "Self" and "Other." Among the conclusions were: (1) due to emphases on collaboration and local decision making the reform initiative was in the process of being incorporated into the existing system; and (2) the client became a semi-component of the system under which he both conditioned and was conditioned by it. From the Foucauldian and immunological perspective the incursion of power on the construction of the client's self seemed almost overwhelming. Some changes were advocated including making the power relations between the client and other components more equivalent and recognizing the many ways in which the client's identity is fostered by the system. (Contains 15 references.) (JB)

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HUMAN SERVICES REFORM AND EDUCATION:
CONSTRUCTED IDENTITIES AND FREEDOM?

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Abstract

In this study I examine the current reform initiative in Human Services. I use an immunological metaphor within a Foucauldian understanding of power/knowledge to examine the practices engendered by the reform initiative. Utilizing the immunological metaphor allows an understanding of "clients" to develop that does not blame the victim, nor does it position the "client" as a helpless pawn. In particular I focus upon the effects of new power/knowledge relations within human services upon identity construction.

Introduction:

In this paper I use an immunological metaphor suggested by Haraway (1991) to explore the action of power/knowledge (Foucault, 1977 & 1980) upon identity formation within the current Human Services reform initiative in the United States (The Center for the Study of Social Policy, 1991; Gerry & Certo, 1992). In particular, I examine the emerging state and local policies and practices of the county and state in which I reside and their development of the Family Resource Network system as an effect of the current national reform in human services. My

analysis will focus upon the dangers inherent in such an "efficient" comprehensive human service system and hopes to suggest a means by which some benefits suggested by such a reform can still be realized while retaining a degree of democratic control over the construction of self.

Before I begin my analysis I briefly sketch some ideas proposed by Michel Foucault (1977, 1980) that inform my analysis. First, power and knowledge are mutually dependent. Knowledge allows for the creation of certain sort of power just as power allows for the creation of a certain sort of knowledge. A change in either produces a change in the other. Power does not emanate from any central point and act upon immobilized subordinate, but rather is diffuse and flows among different points of a socially constructed web. Power only exist in action and is constantly created by the practices of all. Each of the practices constitutes a point through and from which power/knowledge flows. Finally, a change in one point of the web will affect all other points. My analysis of the human services initiative takes place within this understanding of power and knowledge.

A national initiative has proposed a major reorganization of human services (education, health, and social services) within the United States (Gerry & Certo, 1992). The rationale and the nature of the reform has been largely dictated by an understanding similar to Osbourne & Gaebler's Reinventing

Government (1992). Osbourne and Gaebler claim that pruning a large portion of bureaucracy from the stem of government and grafting on business practices in its place will solve the problems faced by local and federal government. Osbourne and Gaebler claim that their entrepreneurial governmentality will not only result in a more efficient Human Services system, but at the same time create greater freedom for both citizens and government workers. Like Osbourne and Gaebler's (1992) text, the Human Services initiative bases its rationale for reform upon three recalcitrant problems. The first is the current dissatisfaction of both providers and users of health and social services. The second is the overwhelming discontent with the current educational system as exemplified by the Educational Reform Act. The third, related, and perhaps most debilitating problem is the economic difficulties faced by many states and localities.

According to Gerry & Certo (1992) and others (e.g. Morrill, W, 1992), the goal of the current reform is to transform the Human Services System into a more efficient system by instituting the following changes: (1) The new system will be horizontally collaborative rather than hierarchical; (2) it will cost less at the national, state, and local levels of government; (3) it will provide social services sooner and more efficiently to those families in need; (4) it will treat a child's problems holistically (the whole child and her family); (5) it will place decision making in the hands of the local community; (6) it will

practice preventive rather than crisis oriented services; and (7) it will enable families to become productive rather than enabling families to become increasingly dependent and helpless. All of the foregoing goals have been articulated as desirable by Osbourne & Gaebler (1992) with one exception. While Osbourne and Gaebler (1992) wish to foster collaboration between the "rowers" and "steerers", and to break down barriers to budgetary lines, their main emphasis is competition among and between public and private components. On the other hand, The Human Services initiative wishes to foster cooperation and collaboration among and between its various public and private components. In fact they make it a point to discourage competitive thinking.

Gerry & Certo (1992) and others (The Center for the Study of Social Policy, 1991; Morrill, W., 1992, etc.). assert that the above goals are to be accomplished by instituting, at minimum, the following transformations: Authority for action will no longer reside in a central federal or state government and be imposed upon local areas, but instead authority for action will reside in the local communities based upon guidelines provided by the state or federal government. Specific decisions for a local community will be made by local governing board members of a collaboration. This collaboration will be fostered by leaders and facilitator among local schools, businesses, local social service providers, local health services, local government, and local families. This collaboration will include the sharing of

information and money among all human service providers including the educational system, the welfare system, the penal system, the police system, and the health services system. Such sharing will be facilitated by loosening up the rigidity of boundaries between service providers, of rules, and of budgetary lines. The needs of the client will define the task that then delegates the apportioning of money and information. The local governing board of the collaboration will follow a corporate model with representatives from each of the above "stake holders". Finally, services to families especially those with multiple needs will be made more accessible. Instead of different entry points for different services, one entry point will provide access for all services with one case manager coordinating all services for the child and family. For example, there might be social workers installed in public schools so at-risk students have immediate access to other services or perhaps a shopping mall of social services, so to speak, where a person visits the mall and at one site is able to select the particular services they wish to access among the available options.

Various metaphors can be used to analyze and understand this current reform initiative. According to Howe (1994), Osbourne & Gaebler (1992) use an organic metaphor to acclaim their new type of governmental reform as one that increases both efficiency and freedom for all citizens. However, maintains Howe (1994), the immunological metaphor suggested by Donna Haraway (1991) better

delineates both the promise and problems of current governmental reform initiatives. Accordingly, I use Haraway's immunological metaphor to analyze how the power/knowledge array suggested by the social service reform would act upon identities of the various components of the system (clients, discourse, worker, board members, etc).

Haraway's Immunological Age:

Throughout Simians, Cyborgs, and Women, Haraway (1991) adopts a perspective on power/knowledge similar to Foucault. Haraway presents the production of scientific knowledge such that both the power-riddenness of knowledge and the possibilities for a certain cyborgian frolicking within knowledge/power production become perceptible. Haraway (1991, 204-230) relies upon immunology, presentation of immunology, as a metaphor to present both the problems and possibilities of the current relations and actions of power/knowledge.

Our immune system is based upon the ability to differentiate between self and not-self. Immunology suggests that all components, those comprising Self and those comprising Other, have a code that can be read. For example, Golub (1987) titles one of his chapters, "The deep structure and generative grammar of immune response." Once the immune system reads a code, the code is recognized as Self or Other and actions are taken accordingly. Action is not mobilized against those recognized as

Self, but it is against the Other. The Other is not simply recognized as Other, but as a specific Other that calls for specific responses. Our immune system fails when it fails to recognize Self and attacks it as Other (AIDS), or when it fails to recognize not/self and allows it to proliferate (cancer). Notice a key word in the above claim, that is that the immune system re-cognizes not/self or the Other. In order to recognize the Other, the Other must already have been known and coded in some manner into the part of the Self that makes up the immune system. If Self encounters Other for the first time, before Self can act, Self must first incorporate the codes of Other into self. Consequently, the Other is "always already" a part of Self, yet, at the same time not/self. However, there are times when not recognizing the Other is a successful strategy for survival of the Self. In the case of transplants, immunology is busy producing ways to fool the immune system into thinking the Other is actually Self. Thus, in immunology boundaries between Self and the Other remain of primary importance even as they become blurred.

These points can be related to Gershon's rendition of the historical understandings of immunology (Golub, 1987, 532-36). Gershon (Golub, 1987, 532-36 in Haraway, 1991) in four plate drawings depicts the immunological system as an orchestra to illustrate the self-understanding of immunology in 1968, 1974, 1977, and 1982. In 1968, the immunological orchestra runs on a

hierarchical basis and is conducted by a patriarchal-looking Generator of Diversity (G.O.D.). G.O.D. directs pliant white blood cells (WBC's) into the thymus to pick up various musical instruments (specifically coded for specific antigens). After the WBC's obtain their specific instruments (i.e. specific antibodies), G.O.D. directs some white blood cells to remain and play and others to march out into the body playing their dictated immunological tunes.

By 1982, the hierarchy has completely fallen apart and things are considerably more complicated. Mayhem seems to prevail, but G.O.D. is enjoying the diversity. The G.O.D. is no longer on the outside conducting, WBC's. Now, located in the thymus, a smiling G.O.D. is being influenced by opposing interest groups--an angel and devil ride on his shoulders giving conflicting advice. The white blood cells in the thymus are still happily tootling their immunological tunes under the direction of a specialized WBC conductor who, like the G.O.D. is also getting mixed messages from two opposing WBC prompters. Other white blood cells are still gaily marching in and out of the thymus picking up their immunological instruments as they proceed. Finally the scores for the orchestra are being written by two personages that sit on opposite sidelines. At this point it has become completely impossible to determine just who is in charge and power has become diffuse.

Lessons from Immunology

These key points form the basis for several metaphorical lessons about the age of immunology. Just as the scientists discover that they are no longer central to and outside of their own discourse, but are rather implicated in it, so too do government officials find that they are no longer central to the decisions that are made, but instead are implicated in those decisions. Like the G.O.D. and the scientists, "in 1968 the federal government thought itself to be in control of national and local welfare [and associated human service policies]. ... Today government intervention is vastly more interactive, with state and local governments intervening at the level of regions, localities, and firms...." (Howe, 1994, 4). Individual decision-makers have been replaced by cybernetic system decision making in which components condition and in turn are conditioned by other components. Some of these components are in conflict with and others are in agreement with any course of action, much like the opposing angel and devil on the G.O.D.'s shoulders. There is a multiplicity of components within the Human Services system including government workers, clients, policy, business workers, etc. These components (one of which by now I am) condition and in turn are conditioned by one another.

Like determining the control mechanism of the of the highly interactive and interchanging nature of the immune system, determining the control mechanism of the federal, state, and

local governments for any course of action becomes exceedingly difficult if not impossible. Likewise, it is also difficult to determine whether it is government or business that primarily influences decision making. As Osbourne and Gaebler (1992) rightly point out, government provides incentives for certain business decisions and at the same time business provides incentives for certain governmental decisions. Actors and reactors become interchangeable.

As the actors and reactors become interchangeable, boundaries become increasingly permeable and flexible. The immune system incorporates part of the Other into itself in order to recognize and respond appropriately to the Other. As the codes are taken or exchanged, the boundaries between the two become permeable and indistinct. In a like manner the boundaries among and between public and private institutions have become blurred. For example business and education are busy exchanging codes. Practices that were once the province of education (e.g. schooling) are being taken up by business and practices that were once the province of business are being incorporated into government (e.g. Demming's Total Quality Management). In fact, proposes Haraway (1991, 212), in our immunological age, it is no longer the integrity or essence of units or systems that is of concern or interest. Instead the margins and boundaries and their code trading activities are of interest as this activity is what has come to constitute an unstable and dynamic identity, not

any eternal, internal essence. This includes the identities of components, and systems. In fact, Haraway (1991, 212) has pointed out that what constitutes a component, a unit, or a system has become somewhat arbitrary and problematic with the present blurring of boundaries. For example, Haraway points out the blurring between the boundaries of humans and animals. This boundary was first breached when simians began "talking". The boundary continues to soften as baboon livers are transplanted into humans. The boundary remains somewhat flexible. As Haraway (1991) points out, the baboon must be recognized as animal before it is ethically okay to cut out its liver and give it to a human. But at the same time the baboon must be close enough to what counts as human for its liver to be accepted as Self by a human body.

Just as immunological decisions and consequent actions have become systemic and multicomponent, so too has the production of knowledge. There are no "natural" facts to be discovered, uncovered, or revealed in immunology nor in social science. Instead knowledge is a polyvocal creative practice wherein the speakers both form and are formed by the discourse they produce.

Finally, like the white blood cells, reform initiatives and the clients to be assisted by such initiatives are inducted from and into a system that is "always already" functioning. Clients do not arrive as clean slates but are already strategy-filled

components. And the clients are always already functioning within a strategy-filled ground. In addition, reforms are not introduced into empty spaces that exist within a system, but instead must be incorporated into an already existing system that has already existing strategies. Like the baboon liver, in order to be coded as Self and not rejected, the new reform strategies must be recognized as Self by the already existing system or risk obliteration.

Human Services Reform in the Immunological Age:

Taken together these lessons of immunology furnishes a metaphor by which I analyze the Human Services reform initiative in today's society. This reform has already been initiated in several states including Indiana, Tennessee, Georgia, Kentucky, Florida, California, Ohio, and West Virginia (The Center for Study of Social Policy, 1991; Melville, A. & Blank, 1991). An examination of case studies of these states reveals that with one important exception, the reform is largely proceeding upon the lines suggested by Osbourne & Gaebler even to the method of leveraging state and federal dollars for the new system.

The Immunological Responses of a Rural County in West Virginia:

Before going into my analysis of the Human Services reform in West Virginia, it is fitting to explain my implication in the emerging system. As a new education faculty member in a college, I was interested in the local community and educational

practices. I made my interest known to the Vice President of our college, April Beavers. She was also the director of the emerging local Human Services reform and introduced me to the initiative. At her request I prepared several executive summaries from articles about the current Human Services reform for a state meeting that she was to attend. After reading the articles, I became intrigued.

I interviewed both the director and coordinator of the emerging system in the county in which I reside. I was given copies of several documents and invited to attend three state level meetings in which representatives from developing local areas interfaced with the state and each other. In fact, I attended one of the state-level as a representative of my county. The Director had already told me the story of the developing Human Services system in our county. At her request, at one meeting I represented our county and retold the story of our county as part of the developing Family Resource Network. Later I helped her to compile an assessment of the local region relevant to services provided by emerging local Human Services system. I make my following analysis from the information I gathered in the above manner. It is important to note that like the scientist of immunology, I do not stand outside nor have unilateral control the discourse I produce, but have been conditioned by and speak from the particular standpoint articulated above. In addition the discourse that I produce will

no doubt have effects both upon myself and upon the emerging system in which I exchange identity codes.

In the following pages using my immunological lessons, I focus upon the emerging practices engendered by the Human Services reform initiative upon the West Virginia county in which I live. My focus is upon the Human Service system and its various components in West Virginia and its/their response to the reform. As Haraway (1991) suggests, it is the boundary conditions that are of primary interest in an immunological age. It is the boundaries and margins that accept or reject new codes which can be incorporated into Self as part as a dynamic identity. Thus, I will start in examining the responses of boundary of the Human Services System and components. The Human Services system boundary is in the process of dealing with two components that it must code as Other or Self. The two components of interest in this study are the reform initiative and the client (child and family). I first examine the strategies by which the reform is working to be accepted as Self by the system. Then, I observe how the acceptance of the reform acts to identify and give identity to the clients as both Self and Other.

As Federal and state policy makers have recognized, it is no longer effective (in terms of response time, monetary costs, and misery) to create policy from a central position and impose it

uniformly upon a variety of diverse localities (Gerry & Certo, 1992). Thus, if reforms are to operate effectively in localities they must be customized to fit that locality. The current Human Services reform initiative constructs its acceptability to local Human Services systems in two ways. In a manner suggested by Osbourne and Gaebler (1992), while guidelines are given, the final decisions about the exact form of local Human Services system is made by the community in which the Human Services system operates. However, due to the nature of Service providers, an important departure is made from the policy reforms as advocated by Osbourne & Gaebler (1992).

Osbourne and Gaebler, relying upon their organic metaphor urge competition as the process by which a Human Services system should operate. According to Osbourne and Gaebler, providers should compete for available resources (information, personnel, money, capital, etc.) However, service providers are not likely to embrace such a policy when their perception is one of scarcity already. For example, Melville and Blank, (1991, 21) discuss the problems of overcoming "turf and control issues" between agencies. In this situation, for service providers, sharing becomes more acceptable process for effective action. Accordingly, the Human Services reform advocates (Melville, A. & Blank, M., 1991; Gerry, M. & Certo, 1991; The Center for the Study of Social Policy, 1991) urge separate service providers to build trust enough to blur their boundaries and begin sharing

resources among each other, rather than competing with each other for limited resources. These two strategies have been effective in helping to persuade the Human Services system of several counties in West Virginia to accept the reform initiative.

(Other compelling persuasions are, of course, the very real, persistent problems mentioned earlier.) Thus, because of the emphases on collaboration and local decision making, the reform initiative is in the process of being incorporated into the existing system of West Virginia. The next section discusses the customized version of the reform that is emerging in my county and the effects of this customized reform.

Construction of Identities:

This section is primarily concerned with the construction of the client's identity. The formation of the client's identity and the dependence of other components upon the client's identity are examined. I begin the discussion by briefly sketching the emerging components of the emerging Human Services system and their relations to each other. The Human Services system is contained in the body of the local community. As such the active components of the Human Services system within the community are: service providers (schools, hospitals, penal and judiciary institutions, welfare, etc), business, local government, local leading citizens, reporters, and the clients. Each of these components comes into the system not as a tabula

rasa, but as a strategy-filled component with its own particular instrument that it wishes to play.

The client has a special relationship to the other components. The other components are already incorporated into the community and part of what the community counts as Self. These count themselves and the other components (except the client) as part of the system. However, the client, much like the baboon and its liver, is simultaneously both part of the community and Other. The purpose of the Human Services system is much like that of the immune system. The Human Services system identifies potential threats to the community. These threats are responded to according to the specific code they are given. Some Others are obliterated (capital punishment). Others are nullified or isolated (jails and prisons). Still others are incorporated (like the baboon liver) into the Self of the community (welfare systems, schools, worker retraining programs, reformatories, prisons, orphanages, foster homes, etc.).

It is interesting to note that without the Other (either as threat or as "one to be helped"), there is no real purpose for the Human Services system. Thus, the continued existence of the Human Service system is dependent upon the flexible status of the client. As Cruikshank (1993) and Trinh (1989) notes, the client, like third world countries is "always developing, but

never quite developed." In Madness and Civilization Foucault notes the mutual and interdependence of rationality and irrationality. In a like manner the "helpers" and "ones to be helped" are mutually dependent upon each other. In order to recognize the Other, the Human Services system must already have a code for the client. In fact the initiative does have a code for the clients that are prioritized for response. The code is that the family or child must have been targeted as multi-need, that is, that the child or family in which the child resides must have need of more than one service.

In accordance with the customized local operation of Human Services system, each locality involved in the reform is allowed to develop its own definition of the client. The county in which I reside has in fact developed specific codes for specific Others that call for a specific response. The specific codes are, families with children in early childhood, families at-risk for domestic violence, adolescents at-risk, the elderly, etcetera. Responses are customized for each Other according to their code. Families with children in early childhood are to be inspected to ensure that all young children receive comprehensive services (food, housing, etc.) If inspection shows that the young child's needs are not being met, then intervention occurs. The overall response is one of incorporation. Families at-risk for domestic violence are subject to crisis intervention and prevention. The response strategies include nullification with a hope toward

incorporation. Thus, as in immune theory the Other as represented by the client has already been incorporated into the Human Services system both in being defined and an articulation of the appropriate response to that definition. However, the client is still further incorporated into the system.

All of the components are represented in the decision making board of the Human Services collaboration including the client. Thus, the client has, always already, been incorporated into the system. And the client is conditioning the system even as the system conditions the client. Clients come into the system with their own ideas and strategies (code). The conflict between the client and system's strategies results in change either of the client or of the system. However, the client's relationship with the other board members is not the same as they have with each other. For one thing, all other members of the board are "helpers" while the client stands alone as "one to be helped." And, the other board members are self-selected (e.g. the business representative was selected by business, the representatives from the various social service agencies were selected by their agent, etc.). However, the client representative is not self-selected. The client is not selected by other clients, but is rather recruited with some difficulty by one of the social service agencies. The client participates in all the meetings to which other collaborators are invited. In fact, provisions are made for the client's room, travel, and even baby sitters if

necessary. Clients even are co-presenters in some of the state workshop. However, in the workshops that I attended the client's contribution was mainly that of bearing testimony about how much better things are now.

Thus, the power relationships between the board members is already skewed. For example, the client representative was not selected according to criteria developed by clients, but rather by criteria developed by the social service agency. Additionally, the social service worker could theoretically deselect the client if unsatisfied by the client, but the client could not deselect the social service worker or other board members. Furthermore, the leader of the collaboration is given special training as a "facilitator". Appendix A contains portions of the booklet passed out at one of the state meetings. This excerpt from the booklet amply illustrates that the facilitator is trained in control strategies. How to recognize and decoy participants whom the facilitator deems disruptive to the meeting as determined by the facilitator. The client is not given training on how to recognize and discipline participants that they perceive as disruptive. The director of Community Connections, April Beavers, indicated that they wanted to give group leadership training to the clients, but the clients already had difficulty making it to the meetings given the difficulties they face in their lives. The identity of the client, when inducted as a member of the board is constructed as one with less

power and also one who is an expert on being Other. I next turn to the construction of the identity of the ordinary client who is not selected as a board member.

How is the identity of the client conditioned by the Human Services system? And what conditioning effect does the client have upon the system? Foucault (1977) tells of how our "individualized" identities come in part out of the archives and files compiled. In the newly reformed and more "efficient" system, information is to be shared among all Human Services providers. The reformed Human Services system in the area where I reside when complete should function in the following manner.

A mall like structure will house numerous agencies. Upon entering the mall the clients go to their case manager or if this is their first visit the intake office where they are assigned a case manager. The case manager takes down any additional information adds it to the client's file. The case manager then presents the client with a menu of possible services that the client may be interested in acquiring. The client can choose or reject services as she/he sees fit. The case manager also requests permission to forward the client's files to relevant service providers. Upon the client's agreement, the relevant files (personal and family) are sent. Because the services are coordinated, and information is shared, duplication of effort is avoided and the response is quicker and tailored specifically for

the client. (Sound familiar?) In some ways this seems ideal. The clients are treated holistically rather than in a fragmented fashion. Clients are able to quickly and conveniently access services that they wish. Theoretically, clients are able to freely choose among the services that are provided. Additionally, clients have autonomous control over their personal information and who has access to that information. However, the picture becomes somewhat murkier when viewed from an immunological perspective.

From an immunological perspective, we realize that the client does not make autonomous decisions. But rather the decisions are made while embedded within a system that prompts. The client is in the position of soliciting something from the Human Services system. In order to condition the system to be responsive, the client probably wants at least to appear cooperative. If the client denies information to the case manager or other service providers, he/she is not appearing very cooperative. Thus, the client is induced to release information as requested by the case manager. The client is influenced to release particular sorts of information, by the nature of the questions asked by the case manager. Like the state guidelines for local control, the case manager sets the guidelines by the questions asked and the client has the freedom to answer the questions in the manner that they deem appropriate. In such a manner a particular dossier is created about the client and the

client's family. This dossier is then distributed to several other components of the system (educational, penal, welfare, etc.). In each of these components, the client arrives with an "always already" established identity. For example a child's first grade teacher and all other subsequent teachers might be able to identify a child as one from a family which is on welfare, suffers from domestic violence, and has a member in prison. The client's identity is beginning to coalesce. And given what we know about teacher expectations and practices based upon those expectations (Rosenthal, 1985; Rosenthal & Jacobson, 1968; Good & Brophy, 1990; etc) the child's identity will further solidify as Other. An Other is necessary for the continuing functioning of the Human Services system. Of course, like the T-cells that became prompters, the client does have some control.

Although induced to share particular sorts of information, the client is not completely compelled and therefore space exists in which to act. In addition the client has some discretion over how much and what sort of information to exchange with the case manager. The nature of the codes exchanged by the client will affect the manner in which the system responds to the client. So the client is not simply a passive component acted upon by the system, but in turn conditions the system to act in specific ways. Yet, the client's influence upon the system is mostly limited to those that the system places upon the menu. The menu choices are made by the board members of which the client is a

unequal member. Thus, the client as a semi-component of the system, is both conditioned by and conditions the system in a complicated manner. However recognition must be given to the fact that the client conditions from an unequal position and therefore is more vulnerable to conditioning than vice versa.

While there are many laudable aspects to this reform, if one views this from a Foucauldian and immunological perspective, the incursion of power upon the construction of Self seems almost overwhelming. Given the imposition of identity fostered on the client, it might be assumed that I think the whole human services division should be dismantled and I am about to reveal something radically different which should take its place. Not so. The problems which the Human Services system attempts to address are very real and cause very real misery. However, I do advocate some changes. An attempt should be made to make the power relations between the client and other components more equivalent especially the client that serves as a board member. But perhaps more importantly, we should stop viewing the client as an autonomous unit and rather recognize the many ways in which the clients identity is fostered by the Human Services system--both as a to be rehabilitated member of the community and as an expert on others that serve as both threats and supports to the community. On the other, hand it is important to realize that the client is "always already part of that system and is therefore not a pliant passive component that is merely acted

upon.

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